

STATE OF MAINE

APPLICATION FOR REGISTRATION

DOOR-TO-DOOR HOME REPAIR SELLER



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8624
Hearing Impaired - TTY: 1-888-577-6690

Office located at: 122 Northern Avenue, Gardiner, Maine, 04345
E-mail: marlene.m.mcfadden@Maine.gov

Websites

Office of Licensing & Registration: <http://www.maineprofessionalreg.org>

Door-to-Door Home Repair Sellers:
<http://www.state.me.us/pfr/olr/categories/cat15.htm>

APPLICANT INSTRUCTIONS

COMPLETING THE APPLICATION FORM – Answer all questions and return the following to this office:

- A completed application;
- A photograph taken within the previous year (if you are a new applicant);
- \$300 registration fee, the check made payable to “Treasurer, State of Maine” or Credit Card Application authorizing payment; and
- Criminal background check form and a \$15 fee made payable to “Treasurer, State of Maine” or Credit Card Application authorizing payment for a criminal record (SBI) check.

"Door-to-door sales" means the solicitation or sale of home repair services by a home repair seller or the seller's employees to a consumer as a result of, or in connection with, the seller's or the employee's direct contact accomplished by means of a personal visit to the consumer, other than at the seller's place of business, without the consumer soliciting the initial contact.

An “employee” means an independent contractor and/or person working for a salary or commission and who is affiliated with the home repair seller company.

The law pertaining to “Door-to-Door Home Repair Transient Sellers” (M.R.S.A. Sections 14501 through 14512) regulates transient sellers of home repair services who solicit door-to-door or by phone, and who do not have a permanent place of business in the municipality in which the customer resides. Transient home repair sellers include, but are not limited to, persons who pave or seal driveways, repair chimneys or roofs, trim trees, or perform other home repairs or improvements. A contract permitting the consumer to withdraw from the agreement within three (3) days from the date of sale is required for transactions of \$25 or more. The content of contracts involving home construction work is additionally governed by another law (10 M.R.S.A. Section 1487), whose requirements would be met through the use of the sample contract included in this packet – “Door-to-Door Transient Seller of Home Repair Services Contract.”

EXEMPTIONS

Exemptions to this statute include:

1. **New homes.** This subchapter does not apply to the original construction of a single-family or multifamily residence.
2. **Sales amount.** This subchapter does not apply to home repair services for which the gross sales price, including any interest or carrying charges, is less than \$25.

CONTRACTS

All contracts must adhere to the following:

1. the laws governing consumer sales;
2. transient sales statutes(transient vendor);
3. statutes governing home solicitation sales; and
4. laws governing home construction contracts.

RENEWAL OF REGISTRATION

All sellers must register with the Department of Professional and Financial Regulation on and/or before **October 31 of each year**. Each registration must include the name of the seller and his/her company. Each contract must include the seller's registration number. Those who solicit sales from a municipal or state repair contract are exempt from registering.

HOME REPAIR SELLER MUST NOTIFY DEPARTMENT OF ALL CHANGES
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Penalties are as follows:

1. Criminal Penalty: Failure to register constitutes a Class E crime if through oversight, and a Class D crime if intentional.
2. Civil Penalty: A transient seller of home repair services or the seller's employee failing to register in violation of this subchapter commits a civil violation for which a civil penalty of up to \$2,000 may be adjudged against the seller and each employee. If the person violates this subchapter 2 or more times, or if the injured consumer is more than 60 years of age, then the civil violation penalty may be up to \$5,000.
3. Unfair Trade Practice: a seller who fails to register commits an unfair trade practice.
4. Revocation: The court may revoke the sellers registration.



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AND FINANCIAL REGULATION
**DOOR-TO-DOOR TRANSIENT SELLER OF
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35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035

JOHN ELIAS BALDACCI

GOVERNOR

TEL: (207) 624-8624

HEARING-IMPAIRED: TTY – 1-888-577-6690

FAX: (207) 624-8637

ANNE L. HEAD

DIRECTOR

REGISTRATION FOR DOOR-TO-DOOR TRANSIENT SELLER OF HOME REPAIR SERVICES

The following statement is made pursuant to the Privacy Act of 1974, section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976: 42 USC section 405 (C) (2) (1). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 M.R.S.A. Section 191.

Registration Fee: \$300 (Internal use: 1423)
Please make check payable to: "Treasurer, State of Maine"

Please complete entire application (print or type).

Name:		
Mailing Address Street or P.O. Box:		
City:	State:	Zip Code:
County:		Telephone #: () -
E-mail address (if available): @		
Social Security #: ()-()-()		Date of Birth: / /
Legal Address (if different from Mailing Address) Street:		
City:	State:	Zip Code:
Permanent Place of Business (as defined in 32 MRSA §4681-4689):		
City:	State:	Zip Code:
Work Phone #: () -		Home Phone #: () -

COMPANY

<i>The company in whose name you will conduct business during the next year:</i>		
<i>List all company names you have conducted business under:</i>		
<i>Towns where you have conducted business:</i>		
<i>Briefly describe type of business:</i>		
<i>List all employees, their dates of birth, and their social security numbers (Use a separate sheet of paper, if needed):</i>	Name:	DOB: ____/____/____
	SSN:	
	Name:	DOB: ____/____/____
	SSN:	
	Name:	DOB: ____/____/____
	SSN:	
	Name:	DOB: ____/____/____
	SSN:	
	Name:	DOB: ____/____/____
	SSN:	

List all civil judgments or criminal convictions secured or outstanding against you that arose out of home repair services during the four years prior to submitting this application, all criminal and civil suits pending against you that arise out of home repair services, and all criminal convictions and criminal suits pending against you for theft. Please explain each conviction. Submit all judgments and other documents pertaining to the conviction(s). If necessary, use a separate piece of paper.

1.

2.

3.

4.

Have you ever been convicted of a crime, other than a conviction described in your answer to the previous questions? ☐ Yes ☐ No

If you answered "Yes," then please submit a copy of the court judgment(s), as well as a letter explaining the circumstances surrounding your conviction(s).

Has any jurisdiction taken disciplinary action against any occupational or professional license or registration you hold, or have held, or denied your application for registration or licensure?

☐ Yes

☐ No

If you answered "Yes," then please list, on a separate sheet of paper, the date(s) of suspension or revocation, the type of license, registration, or certification involved, and the state(s) in which it occurred.

1.

2.

3.

4.

5.

6.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license/registration issued by the Department. I further authorized all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to me.

I, the undersigned, am familiar with the requirements for Maine registration of Door-to-Door Sellers of Home Repair Services, and I understand that:

- I must promptly notify, in writing, the Department of Professional and Financial Regulations of all changes in the above information, including address and employee changes.
- I understand that if I knowingly, intentionally, or recklessly make a false statement in this application, this constitutes grounds for denial of the application, revocation of my registration, and other disciplinary action including, but not limited to, the imposition of fines.
- I certify that I have received a copy of the following:
 - The contract form for Door-to-Door Sellers of Home Repair Services
 - Title 32, Chapter 128 Maine Revised Statutes Annotated, "Regulation of Transient Sales"
 - The Maine Attorney General's Consumer Law Guide: "Consumer Rights when a Salesperson Contacts You at Home"

_____/_____/_____
Date

Signature

Name and Title (Please Print or Type)



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**DOOR –TO-DOOR SELLER
OF HOME REPAIR SERVICES**

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
Director

CONTRACT CHANGE ORDER

Pursuant to the Home Construction Contract Act, 10 M.R.S.A. Section 1488, each change order to a home construction contract must be in writing and conform with the existing contract, of which it becomes a component. All work shall be performed under the same terms and conditions specified in the original contract, unless it is otherwise stipulated. The change order must detail all changes to the original contract that result in a revision of the contract price. Both the original and revised contract price must be stated. Both parties must sign the change order.

Contract number:

PARTIES TO THIS CHANGE ORDER

<i>Seller's Name:</i>		
<i>Permanent Address Street:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>
<i>County:</i>		<i>Telephone #: () -</i>
<i>E-mail address:</i> _____ <i>@</i> _____		
<i>Door-to-Door Registration #:</i>		<i>Date of Birth:</i> ____/____/____
<i>Legal Address (if different from Mailing Address) Street or P. O. Box:</i>		
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>

HOMEOWNER OR LESSEE

Name:		
Mailing Address Street or P. O. Box:		
City:	State:	Zip Code:
County:	Telephone #: (____) ____ - _____	
E-mail Address (if available): _____@_____		
Legal Address (if different from Mailing Address) Street:		
City:	State:	Zip Code:
Date Original Contract Signed: _____/_____/_____		

Changes in the work originally contracted for: _____ _____ _____ _____ _____ _____ _____

Price Change(s)	
Original contract price: \$ _____	Revised contract price: \$ _____

Acceptance of Change Order	
Signature: _____ (Homeowner or Lessee)	Date: ____/____/____
Signature: _____ (Seller)	Date: ____/____/____

HOMEOWNER OR LESSEE

Name:		
Mailing Address Street or P. O. Box:		
City:	State:	Zip Code:
County:	Telephone #: () -	
E-mail address (if available): _____ @ _____		
Legal Address (if different from Mailing Address) Street:		
City:	State:	Zip Code:
Estimation date of commencement of work: _____ / _____ / _____		
Estimation date of completion of work: _____ / _____ / _____		

CONTRACT

Contract Price: (If a “cost-plus” formula, the cost of labor and materials must be estimated.)	\$ _____
Method of payment: <u>Initial down payment is limited to no more than 1/3 of the total contract price.</u>	
Description of work:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Express warranty: The seller provides the following express warranty:	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Statutory warranty: In addition to any express warranties agreed to by the parties, the seller by law warrants that the work will be free from faulty materials, constructed according to the standards of the building code applicable for this location, constructed in a skillful manner, and fit for habitation. The warranty rights and remedies set forth in the “Maine Uniform Commercial Code” apply to this contract.

Resolution of Disputes: If a dispute arises concerning the provisions of this contract or the performance by the parties, then the parties agree to settle this dispute by jointly paying for one of the following (Circle only one):

- 1) **Binding arbitration** as regulated by the Maine Uniform Arbitration Act, with the parties agreeing to accept as final the arbitrator’s decision.
- 2) **Nonbinding arbitration**, with the parties free to not accept the arbitrator’s decision and to seek satisfaction through other means, including a lawsuit.
- 3) **Mediation**, with the parties agreeing to enter into good faith negotiations through a neutral mediator in order to attempt to resolve their differences.

The parties are not required to select one of these dispute resolution methods.

Change orders: Any alterations or deviations from the above contractual associations that involve extra cost will be executed **only upon the parties entering into a written change order.**
(See Change Order form.)

Additional Provisions:

Three day right to cancel: The homeowner or lessee can cancel this contract by giving to the seller a written cancellation notice within three (3) full business days following the day on which the parties agreed to and signed this contract. This notice is sufficient if it is mailed to the seller at the seller's address as stated in this contract. This cancellation notice is effective once it is deposited in the United States mail. The contractor cannot begin to perform this contract until this three (3) day cancellation period has expired.

This contract must be completed for all door-to-door home repair jobs over \$3,000. Each party concerned must receive a copy of this signed contract before changes that result in a different contract price, then the parties must sign a written change order. (See form.)

Contract Acceptance:

Signature: _____
(Homeowner or Lessee)

Date: _____

Signature: _____
(Seller)

Date: _____



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JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

TO: APPLICANT
FROM: OFFICE OF LICENSING & REGISTRATION
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history record check as part of the application process for all applicants.

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Please complete the applicant information section and return it to the Office of Licensing & Registration with your completed application and supporting documentation, as may be necessary.

You must provide payment in the amount of \$15, to the "Treasurer, State of Maine" for your criminal history record check, in addition to the licensing fees presently required. Please note that the criminal history record will be returned to this office, and not to the applicant.

Marlene McFadden
(207) 624-8624



PRINTED ON RECYCLED PAPER

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FAX: (207) 624-8637

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OFFICES LOCATED AT: 122 NORTHERN AVENUE,
GARDINER, MAINE



JOHN ELIAS BALDACCI
GOVERNOR

STATE OF MAINE
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AND FINANCIAL REGULATION
Door to Door Home Repair Seller
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AUGUSTA, MAINE
04333-0035

ANNE L. HEAD
DIRECTOR

CRIMINAL HISTORY RECORD CHECK FEE: \$15

Make checks payable to: "Treasurer, State of Maine"
Submit this Application with License Application

APPLICANT INFORMATION

Name: _____
Last First Middle
Address: _____
Social Security/Federal I.D. #: _____ Date of Birth: ____/____/____
Any other names used: _____

Please return the criminal history record information or a notice of no record to the following:

REQUESTING AGENCY INFORMATION

(Office Use Only)

Date: ____/____/____ Contact Person: **MARLENE MCFADDEN**
Agency Name & Address: **Office of Licensing and Registration
Door to Door Home Repair Seller
35 State House Station
Augusta, Maine 04333-0035**



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and submit it with your application. Payment through credit cards will not be processed without this authorization form.

Name (of applicant on whose behalf fees are being paid):		
Mailing Address (of applicant on whose behalf fees are being paid):		
Street:		
City:	State:	Zip:
County:	Telephone : () -	
Name of cardholder (if other than applicant):		
Mailing Address (if other than that of applicant)		
Street:		
City:	State:	Zip:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ **Visa** ☐ **MasterCard** _____

Card number

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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